



# Career and Technical Education Information System (CTEIS)

## CTEIS Security Authorization

\*CEPD #: \_\_\_\_\_ (see copy of any recent 4483 enrollment report for CEPD #)

\*Fiscal Agency Name: \_\_\_\_\_

\*Fiscal Agency District Code: \_\_\_\_\_

### Security Authorization

**Step 1.** Designate the individual who will serve as the authorized official for your organization. This role includes the full use of CTEIS, including the authority to grant access to confidential student information to others and to electronically sign reports for the fiscal agency. **Each organization may designate a maximum of two authorized officials. A separate form must be submitted for each authorized official.**

\*Name: \_\_\_\_\_

\*Job Title: \_\_\_\_\_

\*E-mail address: \_\_\_\_\_

\*Phone # w/ area code: \_\_\_\_\_

**\*If this name is a replacement for an existing authorized official, name of person replaced:**

Name: \_\_\_\_\_ Reason for replacement: \_\_\_\_\_

**Step 2.** To verify or create a MEIS account, go to the following URL: <https://cepi.state.mi.us/MEISPublic/>

**2a.** To verify an existing MEIS account, log into MEIS and ensure the account is still valid.

**2b.** To create a new MEIS account, click on the Create New Account link and follow instructions.

**Step 3. \*Enter MEIS account of the authorized official:** \_\_\_\_\_

**Step 4.** Authorized Official Acknowledgment:

I agree to protect my user identification and password from unauthorized use. I understand all activity under my user ID is my responsibility.

\*Name of Designated Authorized Official: \_\_\_\_\_

\_\_\_\_\_  
\*Signature of Designated Authorized Official

\_\_\_\_\_  
\*Date

**Step 5.** Superintendent:

I attest that the above-named individual is authorized to view, enter, modify, and electronically submit Career and Technical Education (CTE) data reports to the Michigan Department of Education, Office of Career and Technical Preparation and to designate other individuals within the organization to view, enter, and modify CTE data.

\*Name of Organization: \_\_\_\_\_

(Must match Fiscal Agency Name at top of form)

\_\_\_\_\_  
\*Signature of the Superintendent

\_\_\_\_\_  
\*Date

(\*Required Fields)

Once the form is completed, it should be forwarded to the Office of Career and Technical Preparation **Attn: Joan Church, fax number (517) 373-8776**. Address: Michigan Dept. of Education, Office of Career and Technical Education, P.O. Box 30712, Lansing, MI 48909

*Your account will be activated one to two business days after receipt. You will NOT be receiving notification of this.*